

Peace of Mind *and*
Real Cash Benefits



GROUP HOSPITAL INDEMNITY

HI4^G



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GROUP HOSPITAL INDEMNITY

Supplemental Hospital Indemnity
Policy Series CAI8500CO

HI4^G

Will your major medical insurance cover all of your bills?

Supplemental hospital indemnity insurance provides financial help to enhance your current coverage.

Your health insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any deductible or other expenses that are not covered by the plan. As a result, you could incur significant out-of-pocket expenses if you or a family member were hospitalized.

You don't want to be caught unprepared in a medical emergency and have to rely on your family's savings to cover the extra expenses you may face. This plan can help cover those expenses and protect your savings.



COVERAGE WORK SHEET

PAYROLL DEDUCTION

Deductions Begin:

Effective date:

Total Deduction:

This work sheet is for illustration purposes only. It does not imply coverage.

BENEFITS

HOSPITAL CONFINEMENT (UP TO 180 DAYS PER CONFINEMENT)

Plan 4 – \$300 per day

This benefit is paid when a hospital confines an insured as a resident bed patient. An Injury or Covered Sickness must cause the confinement. Payment is subject to any Elimination Period. To receive this benefit for an Injury, the insured must be confined to a hospital within six months of the date of the Covered Accident.

We will pay for only one hospital confinement at a time, even if more than one Covered Accident, Covered Sickness, or both cause the confinement.

If an insured is not confined to the hospital for a full month, we will pay benefits on a daily basis.

HOSPITAL ADMISSION

Plan 4 – \$500 per admission

We will pay this benefit when a hospital admits and confines an insured as a resident bed patient. An Injury or Covered Sickness must cause the admission and confinement. To receive this benefit for an Injury, a hospital must admit a Covered Person within six months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

We will only pay this benefit once for each Covered Accident or Covered Sickness. If the same or a related Injury or Sickness confines an insured to a hospital, we will not pay this benefit again.

HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MAXIMUM SIX VISITS PER YEAR)

Plan 4 – actual charges up to \$50 per visit

We will pay this benefit for Physician's charges, laboratory fees, X-rays, injections, and medications. The Insured must be injured in a Covered Accident or have treatment resulting from a Covered Sickness. Maximum \$250 per year.

HOSPITAL INTENSIVE CARE (30-DAY MAXIMUM FOR ANY ONE PERIOD OF CONFINEMENT)

Plan 4 – \$300 per day

If an insured is confined to a hospital intensive care unit because of an Injury or a Covered Sickness, we will pay the daily benefit amount shown. To receive this benefit for an Injury, the insured must be admitted to a hospital intensive care unit within six months of the date of the Covered Accident.

We will pay this amount for each day of confinement.

We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if the confinement is caused by more than one Covered Accident, Covered Sickness, or both.

If we pay benefits for confinement in a hospital's intensive care unit and the insured becomes confined to a hospital's intensive care unit again within six months because of the same or of a related condition, we will treat this confinement as the same period of confinement.

SURGICAL AND ANESTHESIA BENEFIT

Plan 4 – Surgery up to \$3,000; Anesthesia up to \$750

This benefit is paid when a Covered Person has surgery performed by a Physician due to an Injury received in a Covered Accident or because of a Covered Sickness. The Physician can perform the surgery in a hospital (on an in- or outpatient basis), in an ambulatory surgical center, or in a Physician's office. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and anesthesia benefits are available subject to plan definitions and the surgical schedule. (The anesthesia benefit will be 25% of the surgical benefit performed. A Physician must administer anesthesia in connection with the covered procedure.)

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

EXCLUSIONS

We will not pay benefits for loss caused by Pre-Existing Conditions.

We will not pay benefits for loss contributed to, caused by, or resulting from:

- War – participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- Suicide – committing or attempting to commit suicide, while sane.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Traveling – traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands,

Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.

- Racing – Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Aviation – operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – participating in any organized sport: professional or semiprofessional.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

- Custodial Care. This is care meant simply to help people who cannot take care of themselves.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Services performed by a relative.
- Services related to sex change, sterilization, in vitro fertilization, or reversal of a vasectomy or tubal ligation.
- Elective abortion.
- Treatment, services, or supplies received outside the United States and its possessions or Canada.
- Dental services or treatment.
- Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
- Mental or emotional disorders without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.
- Injury or sickness covered by workers' compensation.
- Routine physical exams and rest cures.

FRAUD WARNING

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition is a sickness or physical condition that resulted in the insured's receiving medical advice or treatment within the 12-month period before his Effective Date.

The company will not pay benefits for any Critical Illness that is caused by, contributed to, or resulting from a Pre-Existing Condition if that Pre-Existing Condition started within 12 months of an insured's Effective Date.

The company will not reduce or deny a claim for benefits for loss caused by a Pre-Existing Condition that starts after six months from an insured's Effective Date.

Pregnancy is a Pre-Existing Condition if conception was before the effective date of a certificate and will therefore not be covered. However, pregnancy will be covered like any other sickness when the date of conception is after the insured's effective date of coverage.

If a certificate is issued as a replacement for a certificate previously issued under this plan, then the Pre-Existing Condition Limitation provision of the new certificate applies only to any increase in benefits from the prior certificate. Any remaining period of Pre-Existing Condition Limitation of the prior certificate would continue to apply to the prior level of benefits.

TERMS YOU NEED TO KNOW

Spouse – Means your legal spouse who is between that ages of 18 and 64.

Dependent Children – Means your natural children, stepchildren, legally adopted children, or children placed for adoption, who are under age 26.

Your natural children born after the Effective Date will be covered from the moment of live birth. No notice or additional premium is required.

If the employee or Spouse either has instituted proceedings for an adoption or has entered a decree of adoption, that Child will be automatically covered from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court. Also, the employee or Spouse must continue to have legal custody of the Child.

The above age of 26 will not apply if any Child is: 1. incapable of self-sustaining employment because of mental or physical handicap; and 2. dependent on a parent(s) for support.

The Employee must furnish proof of this incapacity and dependency to the company within 31 days after the Child's 26th birthday.

Injury – A bodily Injury caused solely by an accident. Injury includes all complications of and all Injuries from the same accident.

Covered Accident – An accident that first occurs on or after an insured's Effective Date and while his certificate is in force. A Covered Accident cannot be specifically excluded by this plan.

Sickness – An illness, infection, disease, or any other abnormal condition, which is not caused solely by or the result of an Injury.

Covered Sickness – An illness, infection, disease, or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force; and was not treated or for which a Covered Person did not receive advice within 12 months before the Effective Date of his/her coverage; and is not excluded by name or specific description in the certificate.

Doctor or Physician – A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

A hospital is not a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

A hospital intensive care unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the certificate.

Effective Date – An employee's Effective Date is the date his insurance takes effect. That date is either: 1. the date shown on the Certificate Schedule if the employee is actively at work on that date; or 2. the date the employee returns to an actively-at-work status if he is not actively at work on the date shown on the Certificate Schedule.

Individual Termination – Your insurance will terminate on the earliest of the date the plan is terminated; on the 31st day after the premium due date if the required premium has not been paid; on the date you cease to meet the definition of an employee as defined in the plan; on the premium due date which falls on or first follows your 70th birthday; or on the date you are no longer a member of an eligible class.

Termination of any Covered Person's insurance under the certificate shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

Portable Coverage – When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, or the group master policy terminates.

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